

STATE OF NORTH DAKOTA  
COUNTY OF \_\_\_\_\_

IN DISTRICT COURT  
JUDICIAL DISTRICT \_\_\_\_\_

**IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_  
AN INCAPACITATED INDIVIDUAL**

**Case No.**

**PETITION FOR TERMINATION OF GUARDIANSHIP AND DISCHARGE OF  
GUARDIAN/CO-GUARDIANS - DEATH OF WARD**

Name of guardian/co-guardians:

Phone:

Address:

City

State

Zip

1. I/We was/were appointed guardian/co-guardians by Order of this Court dated \_\_\_\_\_, \_\_\_\_.
2. The guardianship has terminated because the ward died on \_\_\_\_\_, \_\_\_\_\_. A copy of the death certificate is attached to this Petition.
3. I/we have performed all duties and responsibilities required by this Court's Order of Appointment.
4. I/we seeks/seek discharge from the obligations as guardian/co-guardians.
5. Following is a complete account of the financial matters I/we have handled for the ward or in connection with the guardianship since the date of my/our last guardian's report to the date of the Ward's death.

**FINANCIAL ACCOUNTING**

**Ward's beginning financial balance:** \_\_\_\_\_

**Income & Expense Report**

**From** \_\_\_\_\_ **to** \_\_\_\_\_

**Income**

Wages/Salary \$ \_\_\_\_\_

Social Security \_\_\_\_\_

Pensions/Annuities	_____
Rental	_____
Investment Interest	_____
Dividend Income	_____
Other (please list)	
_____	\$ _____
_____	_____
Total Other Income	_____

**Total Income** \$ \_\_\_\_\_

**Expenses**

Rent/ Home Payment	\$ _____
Utilities	_____
Telephone	_____
Cable TV	_____
Medical	_____
Personal Needs	_____
Guardian Fees	_____
Other (please list)	
_____	\$ _____
_____	_____
_____	_____
Total Other Expenses	_____

Total Expenses \$ \_\_\_\_\_

**Net Income (Loss)** \$ \_\_\_\_\_

**Ward's ending financial balance:** \_\_\_\_\_

**Description and Value of Ward Assets Existing on Date of Appointment**

Description of assets

Value

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Report of Assets Sold, Acquired, or Converted**

**From** \_\_\_\_\_ **to** \_\_\_\_\_

<b>Date</b>	<b>Description of Assets Sold, Acquired, Converted</b>	<b>Price</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Remaining Balance (if any)</b>		\$ _____

**Disposition of any remaining balance:**

If additional space is required for descriptions or detailed listings, please attach this information on separate sheets of paper.

The undersigned certifies that a true and correct copy of this Petition was on the following date mailed, by first class mail, postage prepared, or hand delivered to:

\_\_\_ ward's attorney (if any):

\_\_\_ parent of ward (if any):

\_\_\_ the following interested person(s) designated by the court order and other persons interested in this guardianship:

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6. Petitioner/Petitioners requests an Order of this Court confirming the termination of the guardianship and discharging the guardian/co-guardians

